

PLANNING DEPARTMENT
REQUEST FOR APPEAL
SUPPLEMENTAL APPLICATION FORM

TOWN OF HILTON HEAD ISLAND

THIS FORM MUST BE ACCOMPANIED BY A MASTER APPLICATION FORM.

Please TYPE or PRINT legibly

NAME OF DEVELOPMENT: _____

TOWN OFFICIAL OR BODY THAT MADE THE DECISION: _____

DATE OF THE DECISION YOU ARE APPEALING: _____

PLEASE SUMMARIZE THE DECISION YOU ARE APPEALING: _____

PLEASE EXPLAIN THE BASIS FOR YOUR RIGHT TO APPEAL: _____

THE NATURE OF THE APPEAL: _____

ATTACH THE FOLLOWING ITEMS:

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A DETAILED NARRATIVE OUTLINING GROUNDS OF THE APPEAL, AND CITING ANY LMO SECTION NUMBERS RELIED UPON; **AND** A STATEMENT OF THE SPECIFIC DECISION REQUESTED OF THE BOARD OF ZONING APPEALS.

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WHEN AN APPEAL IS FILED BY AN AGENT FOR ANOTHER PARTY, THAT PARTY MUST SUBMIT WRITTEN CERTIFICATION CONSENTING TO THE APPEAL.

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ANY OTHER SUPPORTING DOCUMENTATION, LIMITED TO THE ELABORATION OF FACTS ALREADY PRESENTED TO PRIOR DECISION MAKERS.

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FILING FEE. - \$100.00

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

TIME: _____

ACCEPTED BY: _____

MASTER TRACKING NUMBER: _____